DAWN in the News

What Are the Benefits of Participating in the New DAWN?

Who is the **DAWN** Reporter?

How Will the New DAWN Work in My Hospital?

How Was My Hospital Selected?

What Is the New DAWN?

he Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related emergency department (ED) visits in selected metropolitan areas and the Nation as a whole. DAWN also monitors drug-related mortality from deaths reported by medical examiners (MEs) in selected metropolitan areas and States.

DAWN has been operating since 1972.

In 2003, DAWN's focus was expanded and a new, redesigned DAWN was implemented by the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA, an agency of the U.S. Department of Health and Human Services, is required by law to collect data for DAWN, under Section 505 of the Public Health Service Act (42U.S.C. 290aa4).

SAMHSA has contracted with Westat, a private research firm, to operate the *New* DAWN on the agency's behalf.

How is the New DAWN different?

The New DAWN has been expanded to include all drug-related ED visits and ME-reported deaths, not just those related to drug abuse. DAWN now provides hospital staff and public health authorities with data on adverse reactions to prescription and over-the-counter medications (OTC), accidental ingestions, suicide attempts, underage drinking, overmedication and malicious poisoning. These data can help hospitals improve patient care and safety, assist in emergency planning, and manage resources efficiently.

http://DAWNinfo.samhsa.gov/



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DAWN gathers data from a scientific sample of all non-Federal, short-stay, general medical and surgical hospitals with 24-hour emergency departments. From a complete list of hospitals with these characteristics, prepared by the American Hospital

Association, DAWN statisticians draw a sample to represent all hospitals in specific metropolitan areas, as well as additional hospitals to represent the rest of the United States. The hospitals selected into the sample are then invited to join DAWN.

DAWN's Metropolitan Areas





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How Will the New DAWN Work in My Hospital?

Westat, which operates the *New* DAWN, works with your staff to develop the most efficient process for reporting DAWN data.

In each hospital, a designated DAWN Reporter reviews the medical charts for all patients who have been treated in the ED. In order for DAWN to produce valid information, it is important that every available chart be reviewed. Patients, their families, or their physicians are never interviewed.

New DAWN cases include all drug-related ED visits involving drug abuse or misuse, adverse reaction, overmedication, accidental ingestion, malicious poisoning, suicide, and underage drinking. If a patient's presenting complaint, assessment notes, or diagnosis documents use of any drugs—prescription and OTC medications, illegal drugs, dietary supplements, and nonpharmaceutical inhalants—the case should be reported to DAWN.



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Who Is **DAWN** Reporter?

The DAWN Reporter is an individual who reviews all ED charts and submits DAWN cases. Westat works closely with your hospital to select a reporting method that is efficient and not disruptive to ongoing hospital routines. There are four main options for DAWN Reporters:

Westat Central Reporter. If your hospital has electronic medical records that can be accessed remotely, Westat can arrange data collection from its secure data center. This assures minimal disruption because DAWN reporting is conducted from the Westat center.

Westat Field Reporter. With your approval, Westat provides the DAWN Reporter. Westat Field Reporters allow hospitals to participate in DAWN with minimal impact on staffing. Westat Field Reporters are hired, supervised, and paid directly by Westat.

Hospital After-Hours Staff Reporter. Your hospital may recommend a staff member to serve as the DAWN Reporter on his or her own time. Westat pays After-Hours Staff Reporters directly for their work.

Hospital Staff Reporter. Your hospital may wish to have its own staff members report for DAWN as part of their routine job duties. This option works best when the ED, medical records, or billing departments are already reviewing all charts for other purposes. The hospital receives the payment for this work.

Whatever Reporter option you choose, your hospital still receives an annual access payment.

Where does the DAWN Reporter work?

The DAWN Reporter needs to have access to the medical records of all patients treated in the ED. For the *New* DAWN to have complete and accurate data, it is important that the Reporter review all charts.

Placement of the DAWN Reporter varies by hospital, based on where the charts can be most consistently accessed. Westat staff will work with you to identify the best place and time for the Reporter to intercept and review patient charts. Medical records are never removed, copied, or altered by the DAWN Reporter.

How is DAWN reporting conducted in your hospital?

DAWN reporting is conducted through a secure, Internet-based data entry system called eHERS (electronic Hospital Emergency Reporting System). If your hospital cannot supply a computer or Internet access, Westat can provide them at no cost to you.

Another alternative is for the DAWN Reporter to use a portable laptop computer. This is often a better option for Reporters who may need to move about the hospital to locate and review records.



DAWN in the News

What Are the Benefits of Participating in the New DAWN?

Participating in the New DAWN will provide real-time access to your hospital's data, extensive support for establishing DAWN in your hospital, and payment for participation.

Real-time access to your hospital's data.

DAWN *STAT!*—a secure, Internet-based system—provides your staff with immediate access to the DAWN data submitted for your hospital. Access to DAWN data can help your staff:

- Monitor the patterns of drug-related cases seen in your ED:
 - What types of drug-related cases are treated in my ED? DAWN includes all types of drug use, overmedication, adverse reactions, accidental ingestions, underage drinking, and more.
 - What drugs are involved in these cases? DAWN includes all types of drugs, including prescription and OTC medications, dietary supplements, and illegal drugs.
 - Who are the primary patients affected? DAWN includes age and gender.
- Recognize sentinel events and increase ED staff awareness of drug-related cases:
 - What are the new drugs or new drug combinations appearing in my ED?
 - What presenting complaints are associated with particular types of drugs?

- Allocate resources and staffing to respond efficiently to changing caseloads:
 - How many drug-related cases are seen in my ED?
 - How many of these cases are admitted to inpatient units? Which units?

Support. The *New* DAWN provides the following support for your hospital:

- Flexible reporting options—we supply a DAWN
 Reporter for your hospital or support the Reporter of
 your choosing;
- Reporter training, including a computer-guided tutorial, on-site training and support, and a toll-free help line;
- Ongoing technical assistance and feedback on the New DAWN protocol;
- Equipment and supplies, including laptop computers if needed for electronic reporting; and
- On-site demonstrations of DAWN STAT! for your staff.

Payment for participation. Your hospital will receive \$1,000 per year per ED for participating in DAWN and providing access to medical records. If Westat provides the DAWN Reporter, or a hospital staff member reports for DAWN on his or her own time, Westat pays the Reporter directly. If hospital staff members report to DAWN on hospital time, your hospital receives a payment for each chart reviewed and for each DAWN case reported.



DAWN in the News

Findings from DAWN are frequently cited in newspaper and journal articles. Here are some recent examples:

"Methadone grows as killer drug"

The New York Times (February 9, 2003)

Methadone, a drug long valued for treating heroin addiction and for soothing chronic pain, is increasingly being abused by recreational drug users and is causing an alarming rise in overdoses and deaths, federal and state officials say...

There are no national figures for methadone deaths or overdoses. But the federal Drug Abuse Warning Network reported that in 2001, 10,725 people turned up in emergency rooms after having abused methadone. That is nearly double the number of such visits in 1999.

"Report: More young people abusing prescription drugs"

USA Today (January 16, 2003)

...A companion report, based on a survey of hospital emergency rooms, found a steady, significant rise in visits for opiate abuse since 1994.

In 2001, there were about 90,000 visits for abuse of [prescription drugs], a 117% rise over 1994, according to data from the Drug Abuse Warning Network. The largest increases were found in abuse of oxycodone, methadone, and morphine.

The average age of these ER patients was 37.

"Drug-tied ER visits decline in area"

The Baltimore Sun (August 30, 2002)

Medical emergencies tied to heroin dropped by 17 percent in the Baltimore area last year, according to a federal survey, prompting officials to claim progress in their efforts to get more addicts into treatment. With cocaine emergencies holding steady, the metropolitan area dropped from third to fifth nationally in the rate at which residents visited emergency rooms with problems related to the abuse of illegal and prescription drugs.

The trends were drawn from the federal Drug Abuse Warning Network, which...surveys hospitals in [21] metropolitan areas...

"Use of 'date rape' drug surges"

USA Today (January 28, 2002)

The federal Drug Abuse Warning Network reports that GHB is appearing most often in Atlanta, Dallas, Denver, New Orleans, and San Francisco. Of the GHB users who showed up in emergency rooms in 1999, 56% said they had used the drug with alcohol; 15% had used it with Ecstasy.

"Club drugs sending more youths to hospitals" USA Today (July 25, 2001)

Club drugs, including Ecstasy and GHB, are sending increasing numbers of young people to the hospital with toxic reactions and overdoses, emergency room data released Tuesday show.

Emergency rooms in 21 metropolitan areas tracked by the Drug Abuse Warning Network reported 4,511 emergency visits involving Ecstasy in 2000, a 58% increase over the 2,850 cases in 1999.

They also reported 4,969 visits involving...GHB, a 56% increase over the previous year's 3,178 cases...

People ages 25 and under account for almost a third of drug emergencies, the data show. Their share is much higher for club-drug emergencies: people 25 and under make up 80% of Ecstasy emergencies and 60% of those involving GHB.



Your hospital can participate in DAWN and comply fully with the *Standards for Privacy for Individually Identifiable Health Information* (Privacy Rule), resulting from the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The HIPAA Privacy Rule allows the reporting of drug-related events to DAWN, just as it permits the reporting of infectious diseases. As a public health surveillance system, DAWN meets all of HIPAA's requirements. Disclosures to DAWN may be made without patient authorization or consent. DAWN requests only the minimum information necessary to fulfill its purpose.

Data submitted to DAWN are protected under two other Federal laws that restrict use of the data by SAMHSA and Westat, and violations of these laws carry stiff penalties.

Many hospitals have questions about participation in DAWN and HIPAA compliance. Here are answers to the most common questions.

How is participation in DAWN permitted under HIPAA?

Disclosure of protected health information to DAWN is permitted under the Privacy Rule—at 45 CFR 164.512(b)(1)—which allows hospitals to disclose protected patient information to a public health authority authorized by law to receive such information for surveillance purposes. Such disclosures do not require patient authorization. SAMHSA is a public health authority authorized by Section 505 of the Public Health Service Act to collect data from hospitals on drug-related ED visits. Westat operates DAWN under contract to SAMHSA and, thereby, serves as a public health authority for the sole purpose of collecting and processing DAWN data.

Consistent with the Privacy Rule, DAWN requests only the *minimum necessary* information to fulfill DAWN's public health surveillance purpose. Data are used only for public health and associated statistical purposes (e.g., for monitoring drug-related morbidity). SAMHSA and Westat are prohibited from using identifiable data for any other purpose.

What are the protections for our data once they are submitted to DAWN?

SAMHSA and Westat are bound by two Federal laws designed to protect the privacy of individuals and assure that sensitive data about individuals are not misused. The confidentiality provisions in Section 501(n) of the Public Health Service Act (42U.S.C.290aa) and in Title V of the E-Government Act of 2002 (P.L.107-347) prohibit SAMHSA and Westat from using identifiable information for any purpose other than the public health purposes of DAWN. SAMHSA collects and uses DAWN data to monitor drug-related morbidity at the local and national levels. DAWN data can be released only after identifying information is removed; and data are published only in aggregate form. Unlawful disclosure of information by employees of SAMHSA or Westat is subject to stiff penalties—up to 5 years in prison and up to \$250,000 in fines.

How can Westat help in accounting for disclosures to DAWN?

Under the Privacy Rule, hospitals must account for disclosures of protected health information for public health. Westat can produce an accounting for disclosures to DAWN that complies fully with the Privacy Rule. In fact, the Office for Civil Rights, the agency responsible for enforcement of the Privacy Rule, has clarified the accounting provisions that apply specifically to DAWN. Such an accounting can be made available to you upon your request or on a set schedule of your choosing. For more information about DAWN and HIPAA, contact our Facility Relations staff at **1800 FYI DAWN.**

